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PTO/SB/21 (07-09)

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	Application Number	10/584,2								
RANSMITTAL	Filing Date	June 23, 2006								
®\ E∩DM	First Named Inventor	Walter B								
DCT -1.5 2009 gg)	Art Unit	1794	-							
(to be used for all correspondence after initial filing)	Examiner Name	Patricia L. Nordmeyer								
Total Number of Pages in This Submission	Attorney Docket Number	RO4265US (#90568)								
Lotal Number of Pages in This Submission		100 1200	00 (11) 000	<u>, </u>						
ENCLOSURES (Check all that apply)										
X Fee Transmittal Form X Fee Attached X Amendment/Reply X After Final Affidavits/declaration(s) X Extension of Time Request Express Abandonment Request Information Disclosure Statement Reply to Missing Parts Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Address	Appea of App Appea (Appea Proprie	Enclosure(s) (please Identify :						
	OF APPLICANT, ATTO	RNEY, OI	R AGENT							
D. Peter Hochberg Co., L.I	P.A.									
Signature SwMM										
Printed name Sean F. Mellino										
Date ////////////////////////////////////	F	Reg. No.	48,817							
CERTIFICATE OF TRANSMISSION/MAILING										
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Signature MM										
Typed or printed name Sean Mellino	Date	10/12/2009								

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PTO/SB/17 (10-08)

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	Effective on 12/08/2004.			Complete if Known				
Transport to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/5		10/584,226	/584,226		
FEE TRANSMITTAL			Filing Date June		ne 23, 2006			
For FY 2009		First Named Inventor Wal		Walter Blum	/alter Blum			
Applicant claims small entity status See 27 CED 1 27		,	Examiner Name Patr			atricia L. Nordmeyer		
Applicant claims small entity status. See 37 CFR 1.27				1794	794			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket No. RO4265US (#90568			90568)		
METHOD OF PAYMENT	(check all	that apply)						
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION				·				
1. BASIC FILING, SEARC				OU EEEO	EVAL	INIATION FFF		
		EES mall Entity	SEAR	CH FEES Small Entity		INATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$) Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220			
Design	220	110	100	50	140	• •		
Plant	220	110	330	165	170			
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description	3					<u>Fee (\$)</u>	Small Entity Fee (\$)	
Each claim over 20 (in						52	26	
Each independent clair		including Reissu	es)			220	110	
Multiple dependent cla		ne Eon (6)	For	Paid (\$)		390 Multiple D	195 Dependent Claims	
Total Claims	Extra Claim	<u>ns Fee (\$)</u> x	<u>ree</u>	raiu (⊅)		Fee (\$)	Fee Paid (\$)	
HP = highest number of total c	laims paid fo	r, if greater than 20.				171		
Indep. Claims	Extra Claim	<u>rs Fee (\$)</u>	<u>Fee</u>	Paid (\$)			·	
3 or HP = HP = highest number of indepe	endent claims	paid for, if greater that	- an 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
-100 = / 50 = (round up to a whole number) x 270.00 = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): one-month extension of time								
SUBMITTED BY								

Registration No. (Attorney/Agent) Telephone 216-771-3800 48,817 Signature Date Name (Print/Type) Sean F. Mellino

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